APPLICATION FOR EMPLOYMENT WITH THE FEDERAL AVIATION ADMINISTRATION

INSTRUCTIONS

YOUR APPLICATION QUESTIONNAIRE WILL BE OPTICALLY SCANNED FOR COMPUTER PROCESSING, SO READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY. IF YOUR FORM IS NOT COMPLETED CORRECTLY, WE WILL BE UNABLE TO PROCESS YOUR APPLICATION AND UNABLE TO CONSIDER YOU FOR EMPLOYMENT.

If you received this application form by fax and the corner boxes are distorted or missing from the top or bottom of any page, please contact the sending office to resend the fax or request a form by mail. The application form cannot be scanned or processed properly if the boxes are not intact.

- You must enter your Social Security Number in the boxes on the bottom of each page of this questionnaire. This assures that the pages of your form are processed together. Executive Order 9397 authorized the solicitation of your Social Security Number (SSN) for use as an identifier in personnel records management, thus assuring proper identification of applicants throughout the selection and employment process. The information we collect by using your SSN will be used for employment purposes and may also be used for studies, statistics, and computer matching to benefit or payment files. Furnishing your SSN or any of the other information specified in the vacancy announcement is voluntary. However, failure to do so will prevent the processing of your application and will prevent consideration for employment.
- You must certify the application questionnaire by reading, answering, signing, and dating the "SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION" questions, or your application form will not be processed.
- For statistical purposes, please complete the "RACE AND NATIONAL ORIGIN IDENTIFICATION" form (the last page of this application package). This information is voluntary, and failure to provide it will not affect your consideration for employment, but it does help assure that our employment practices are free from prohibited discrimination and provide equal employment opportunities for all.
- Please use a black pen to complete this application questionnaire. Print plainly and carefully
 in capital block letters in the squares and completely darken the circle corresponding to the
 letter or number of your answer. Use correction fluid to make changes. Do not make or
 leave stray marks on the scannable form. A ruler may be helpful to ensure accuracy in
 marking the appropriate circles.
- Read each question carefully. Many questions are multiple choice; for those, darken completely the circle for the *one* answer that best describes you. If multiple answers are acceptable, that will be clearly indicated on the questionnaire itself. Answer all questions, but do not submit additional information or documents. *Only* information on this application form will be used to determine your eligibility for employment; additional information cannot be considered, and it will not be provided to the selecting officials.

Please remove this Instruction Sheet before submitting your application form.

Mail your completed application form to:

Federal Aviation Administration Mike Monroney Aeronautical Center Aviation Careers Division, AMH-300 P.O. Box 26650 Oklahoma City, OK 73126



Civil Aviation Security Specialist (Federal Air Marshal) FV-1801-G/H/I

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

APPLICATION FOR EMPLOYMENT WITH THE FEDERAL AVIATION ADMINISTRATION

INSTRUCTIONS

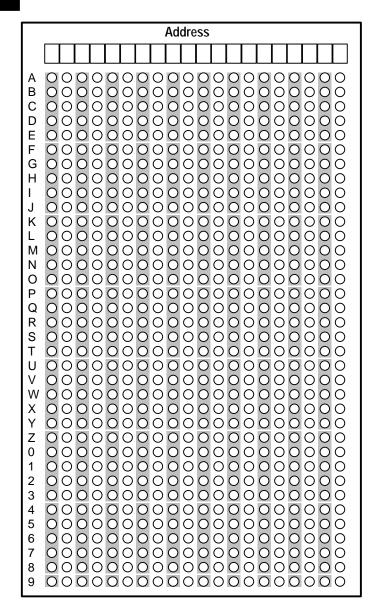
Please use black ink. Print plainly and carefully in capital block letters in the squares. Do not make or leave stray marks on the scannable form. Fill in the boxes with the requested information, or mark the appropriate box to indicate your answer. ALL Social Security Numbers **MUST** be filled in accurately for this application to be accepted. You must complete the application by reading, signing, and dating the "SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION" at the end of the questionnaire. In addition, you MUST darken in the "Yes" circle for each certification question in that portion of the questionnaire in order for your application to be considered. Your application WILL NOT be processed without this part of the questionnaire being completed.

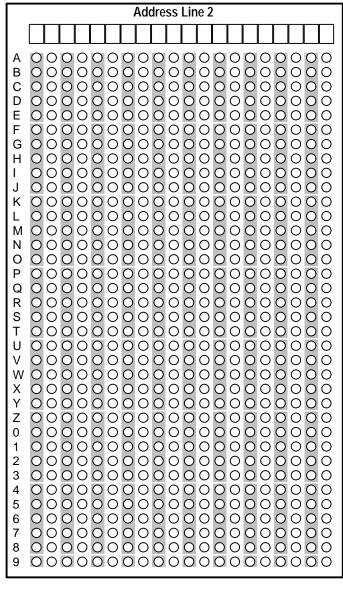
questionnaire being completed.		
First Name	MI Last Name	
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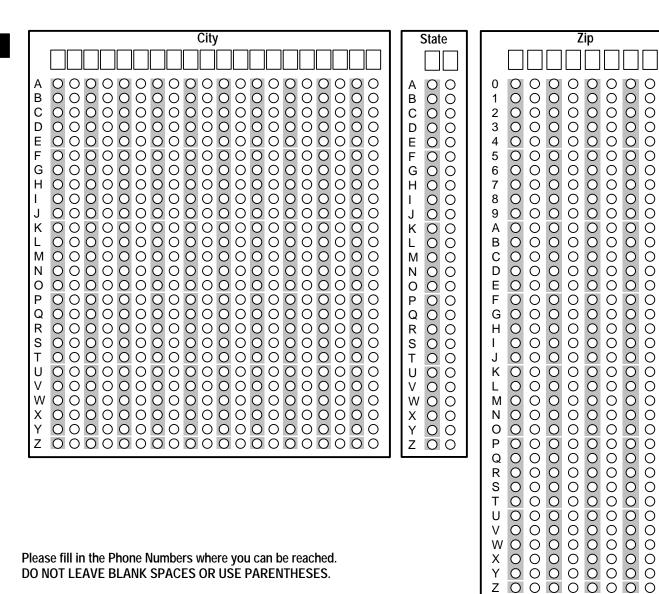
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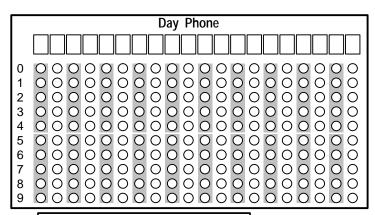




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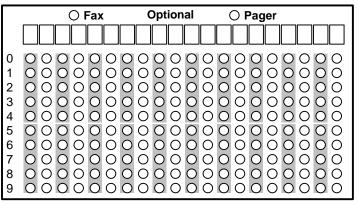
Please fill in the Phone Numbers where you can be reached. DO NOT LEAVE BLANK SPACES OR USE PARENTHESES.



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Page 3

Read each question carefully. Darken the circle for the ONE answer that best describes you. Multiple or blank responses will result in that question receiving the least credit.

Section 1: APPLICANT INFORMATION		
1. I am a citizen of the United States, Guam, American Samoa, U.S. Puerto Rico.		O Na
 I am registered with the Selective Service System or I have a registration. (NOTE: If you are a female, or were born before Dece 	a valid exemption from	○ No
this question.)	O Yes	O No
3. I have not advocated or knowingly associated with a group a United States Government, nor have I participated in a strike Government.	against the United States	O No
4. I am currently a permanent civilian employee of the Federal Av		
5. I am currently a permanent civilian employee or I have been a of a Federal agency.		O No
I am currently a temporary civilian employee of a Federal agency		
7. I currently possess a valid driver's license.	O Yes	O No
8. I am able to communicate orally and in writing in the English	ı language O Yes	O No
9. I am able to communicate orally and in writing in a language		
10.I am able to communicate in sign language.	O Yes	O No
Section 2: MILITARY SERVICE		
1. I have served on active duty in the United States military service		
2. I am claiming 5-point veteran preference based on my active duty n		
3. I am claiming 10-point veteran preference.		O No
4. I am claiming 10-point veteran preference as the spouse, widow, w deceased veteran. If NO to all (after completing SSN below and SSN on page 5), s If YES to 1, 2, or 3, continue. If YES to 4 (after completing SSN below), skip to #19.	O Yes	
5. My beginning date of military service is:	○ Jan ○ 0 ○ 0 ○ 19 ○ 0	∕ear 0⊝ 0 1⊝ 1
Social Security Number	O Mar O 2 O 2 O Apr O 3 O 3 O May O 4 O Jun O 4 O July O 5 O Aug O 6 O Sep O 7 O Oct O 8 O Nov O Dec	2
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6.	My ending date of military service is:		Feb Mar Apr May Jun July	Day 0 0 0 0 1 0 1 0 2 0 2 0 3 0 3 0 4 0 5	○ 20	0000	rear 00 0 1 1 2 2 2 3 3 3 4 4 4 5 5 5 5
		((O Aug O Sep O Oct O Nov O Dec	6789		0	60 6 70 7 80 8 90 9
7.		t that all of my active duty service was for t			\circ	Voc	O No
8.		t I received the National Defense Service M					O No
9.		t I received a Campaign Badge or Expedition					
					0	Yes	O No
10.	My DD-214 or discharge papers reflect	t that I received a Purple Heart.			0	Yes	O No
11.		ler honorable conditions.					O No
12.		ve the rank of major (0-4) or its equivalent.					O No
13.	Forces certifying to the present existe	eterans Administration or a branch of the Ance of a service-connected disability of less lity pension.	than 10			Yes	○ No
14.	because of permanent service-connection	n of the Armed Forces showing that I retired sted disability or that I was transferred to the	Э			.,	0.11
15		sation for a service-connected disability or			0	Yes	O No
15.	•	bility retired pay.	-		0	Yes	O No
16.		but less than 30%.					O No
17.							O No
18.	My VA letter or Armed Forces orders	are dated within the last year.			0	Yes	O No
	Spouse, widow, widower or natural	mother					
19.		use or child from the Veterans Administrati nt existence of a service-connected disabili			е	Yes	O No
20.	·	e or child from a branch of the Armed Force	25			. 00	0 110
	- ·	f permanent service-connected disability or					
	that he/she was transferred to the per	manent disability retirement list.			O	Yes	O No
21.		other of a deceased veteran and can provid ce, disability, and/or death, as required			0	Yes	O No
0 1 2 3 4 5 6 7 8 9		OU WILL BE REQUIRED TO VERIFY ANY C PREFERENCE. COPIES OF ALL DOCUMENT TO PROVIDE WILL IMPACT YOUR OPPORTU	S WILL	BE REQU	Jired. I	FAILU T.	RE 46374

Section 3: CONDITIONS OF EMPLOYMENT

1.	Are you available for: Full time employment (40 hours per week)			O V	O Na
	Regular and extended foreign travel (several we				O No
	Irregular hours and/or shifts			-	O No
	Holidays and weekends				O No
	On-call 24 hours a day				O No
	Geographic relocation			_ O Yes	○ No
	Extended hours			_O Yes	O No
2.	Are you willing to travel to and work in foreign coun personal time and limited access to personal contact	tries for extended periods of time, with little ts?		_ O Yes	O No
3.	Are you willing to travel to and work in geographic le				O No
4.	Are you willing to travel to and work in geographic le hazards, such as poor sanitation and unsafe water			_ O Yes	O No
5.	Are you willing to use deadly force in the cours	se of your duties, as authorized by law?		_ O Yes	O No
Sec	ction 4: BASIC REQUIREMENTS				
1.	Have you completed all requirements for a bachelo	r's degree?		_ O Yes	○ No
	a. If Yes, did you graduate with at least a 3.45 graduate undergraduate class	de point average on a 4.0 scale, or in the top		_ O Yes	○ No
2.	Do you have at least three (3) years of progres				○ No
pr	emonstrates the ability to understand legal provi ocedures; to analyze narrative and numerical da and to communicate with others effectively both o	ata, draw conclusions, and make decisions;		_ O Yes	O No
<u>Se</u>	ection 5: FORMAL EDUCATION				
1.	Have you completed all requirements for a Mas public administration, police science, or aviation	n management, or for a Law Degree (Juris			
_	,	(D) D		_ O Yes	O No
2.	Have you completed all requirements for a Do criminal justice, public administration, police s			O Yes	O No
3	How many graduate (post-baccalaureate) semes			. 0 100	0 110
٥.	completed in fields such as criminal justice, pu		Sidily		
	aviation management?	·	0 0 to	17 credit l	nours
			○ 18 to	22 credit	hours
			○ 23 to	35 credit	hours
			O 36 to	45 credit	hours
			○ 46 to	53 credit	hours
	Social Security Number		○ 54 to	o 68 credit	hours
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		The credit hours completed above			
	3 0 0 0 0 0 0 0 0	are:	○ Sem	ester cred	dit hours
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	3 0 0 0 0 0 0 0 0			4637	' 4

Section 6: TRAINING

Section 6. Transition	
Darken the circle for the answer that most accurately describ	es the highest level of your education and/or training.
A No education or training	
B On-the-job training only	
C Formal short-term training such as specialized tra	•
D Formal extended training such as college, military	y school, certified law enforcement academy A B C D
Investigative techniques	
Surveillance techniques	
3. Criminal interrogation techniques	
Constitutional law	~ ~ ~ ~
5. Criminal procedures	0000
6. Hostage negotiating techniques	0000
7. Techniques for interviewing witnesses to a crime,	potential criminal
suspects, or accomplices	
8. Civilian law enforcement training	
9. Security inspection techniques	
10. Aviation security procedures, policies, and techni	
11. Security risk/threat assessment techniques	
12. Physical security techniques ————————————————————————————————————	
14. Armed executive protection techniques ———	
15. Intrusion/sabotage emergency response team ta	
16. Explosive ordnance disposal	
17. Military special operations (e.g., Army Special Fo	
Para-Rescue or Combat Control; Navy Seals; Ma	
18. Emergency Medical Technician (EMT) or higher (•
nurse, physician's assistant, medical doctor)	
19. Small arms armorer	0000
20. Unarmed defensive tactics	0000
21. Pilot or flight crew	0000
Section 7: CERTIFICATIONS	
Which of the following certifications have you held or o	surrently hold?
-	O Yes O No
2. Emergency Medical Technician or higher (i.e., para	
physician's assistant, medical doctor)	
3. Private pilot or above (ATP, CFI, etc.)	
4. American Bar Association-certified lawyer or atto-	rneyO Yes O No
5. ASIS Certified Protective Professional (CPP)	
,	
Cooled Cooperate Number	
Social Security Number	
TRAINING OR	REQUIRED TO VERIFY ANY CLAIMS OF EDUCATION,
	CERTIFICATION WHICH ARE USED TO QUALIFY YOU FOR WITH THE FAA. INABILITY TO VERIFY SUCH CLAIMS CAN
	JR NON-CONSIDERATION OR TERMINATION.
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Section 8: INTERNATIONAL EXPERIENCE

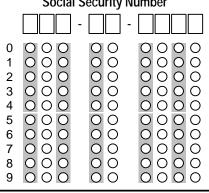
 How long have you resided or served in a foreign country, including military tours of do Never lived in a foreign country 	uty?	
O Less than a year		
O 1 to 2 years		
O 3 to 5 years		
O More than 5 years		
2. In what regions of the world have you lived?		
United States or its territories (Puerto Rico, Virgin Islands, American Samoa, and Guam)	O Yes	○ No
Canada (including Greenland)	O Yes	○ No
Central America (Mexico to Panama)	O Yes	O No
Caribbean Area (excluding Puerto Rico and Virgin Islands)	_	O No
South America	O Yes	○ No
Europe (Iceland, Western Europe, Eastern Europe, Balkans, and Russia)	O Yes	○ No
Asia (China, Japan, and Southeast Asia)	O Yes	○ No
Southwest Pacific (Indonesia, Pacific Islands, excluding American Samoa		•
	O Yes	○ No
Africa	_	O No
India	_	O No
Middle East		O No
Australia or New Zealand 3. To what extent have you visited other countries outside the U.S.?	O Yes	○ No
NeverRarelyOccasionalyFrequentlyExtensively		
4. Indicate how many foreign languages you speak fluently, passably well, or with difficu	Ity using	the following scale:
A None; I speak English onlyB One foreign languageC Two foreign languagesD Three or more foreign languages	ABC	D
A. How many foreign languages do you speak fluently?	000	
b. How many foreign languages do you speak passably well, but not fluently?	-000	0
c. How many foreign languages do you speak with difficulty, not fluently or passably?	-000	0
Social Security Number		

Section 9: JOB-RELATED EXPERIENCE

This section asks you to describe your job-related experiences. For each experience, you will be asked to describe the recency of that experience, the level at which you worked, and the length of time you worked or performed those duties.

Recency			vel	Le	Length		
Α	No experience	Α	No experience	Α	No experience		
В	More than 5 years ago	В	Performed as trainee or probationary employee	В	Less than one year		
С	Within last 4 to 5 years	С	Performed under generalsupervision	С	1 to 2 years		
D	Within last 2 to 3 years	D	Performed independently with minimal supervision	D	3 to 5 years		
Ε	Within last year	Ε	Independently planned, coordinated,	Ε	More than 5 years		

and led others and /		ore than 5 years	
and led others and /	Recency	<u>Level</u>	<u>Length</u>
	ABCDE	ABCDE	ABCDE
Performed duties of sworn civilian law enforcement officer	00000	00000	00000
Performed duties of detective or criminal investigator	00000	00000	00000
3. Apprehended, arrested, and detained persons	00000	00000	00000
4. Conducted physical surveillance	00000	00000	00000
5. Conducted electronic surveillance		00000	00000
6. Escorted prisoners	00000	00000	00000
7. Conducted searches of persons and/or property		00000	00000
8. Maintained continuous chain-of-custody for persons or property		00000	00000
Prepared and delivered testimony in court		00000	00000
10. Conducted criminal interrogations	00000	00000	00000
11. Conducted witness, suspect, or accomplice interviews	00000	00000	00000
12. Conducted hostage negotiations	00000	00000	00000
13. Performed work related to inspections or evaluations to determine compliance with laws and regulations	0000	00000	00000
14. Performed work related inspections or evaluations to determine compliance with laws and regulations affecting aviation	0000	00000	00000
 Evaluated physical security policies or procedures of an organization relative to laws, regulations, standards, or practices 	0000	00000	00000
 Evaluated information security policies or procedures of an organization relative to laws, regulations, standards, or practices 	0000	00000	00000
Developed or implemented policies or procedures affecting physical or information security	0000	00000	00000
Developed or implemented policies or procedures affecting aviation security	0000	00000	00000
19. Provided security risk, threat, or vulnerability assessments	0000	00000	00000
Social Security Number O O O O O O O O O O O O O O O O O O O			



	Recency	Level	Length	Length					
	A No experience	A No experience	A No ex	-					
	B More than 5 years ago	B Performed as trainee or	B Less	than one year					
	C Within last 4 to 5 years	probationary employee C Performed under generalsupervision	C 1 to 2	vears					
	D Within last 2 to 3 years	D Performed independently with	D 3 to 5						
	E Within last year	minimal supervision E Independently planned, coordinated and led others and / or teams	, E More	than 5 years					
		and fed ethers and 7 or teams	Recency	<u>Level</u>	<u>Length</u>				
20	Description of the state of the		ABCDE	ABCDE	ABCDE				
20.	Provided security risk, threat, or vulr aviation security	nerability assessments related to	_ 00000	00000	00000				
21.	Provided law enforcement and/or se	curity training to foreign							
	governments or private persons or o	rganizations in a U.S.	_ 00000	00000	00000				
00			_ 00000	00000					
22.	Provided law enforcement and/or se enforcement personnel or organization		_ 00000	00000	00000				
23.	Planned, coordinated, or executed s								
	or missions		_ 00000	00000	00000				
24.	Conducted team or crew briefing for action, or operation	a specific mission,	_ 00000	00000	00000				
0.5					00000				
		services	_ 00000	00000	00000				
26.	Provided armed security for highly re there is potential for significant bread								
	to public safety			00000	00000				
		S		00000	00000				
28.	Presented oral briefings to managers	s/executives	_ 00000	00000	00000				
29.	Carried firearms in a professional ca	pacity	_ 00000	00000	00000				
30.	Responded to medical emergency a	nd provided medical support	_ 00000	00000	00000				
31.	Worked with explosives in a profess	onal capacity	_00000	00000	00000				
32.	Arranged overseas travel for yourself	f or others	_00000	00000	00000				
33.	Researched, used, and/or cited legal	00000							
		mony	_ 00000	00000	00000				
34.	Worked with U.S. or foreign diplomator executing security operations, mis	esions, or actions	_ 00000	00000	00000				
35		advisor, liaison, or instructor							
				00000	00000				
36.	Served in military combat arm (not co	ombat support)	_00000	00000	00000				
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Recency					vel	gth					
	Α	No experience	·					•			
	В	More than 5 yea	irs ago		Performed as trainee or probationary employee		3 L	ess than one year	•		
	С	Within last 4 to	5 years	С	Performed under generalsupervision	ו (2 1	to 2 years			
	D	Within last 2 to	3 years	D	Performed independently with minimal supervision	I) 3	to 5 years			
	E	Within last year		Ε	Independently planned, coordinate and led others and / or teams	ed, I	ΞN	lore than 5 years			
						Recency		<u>Level</u>	<u>L</u>	ength	
						ABCD	Ε	ABCDE	АВ	CDE	
37.	Forces of	or Rangers; Air F	orce Para-Rescu	ue o	ch as Army Special r Combat Control;	0000	0	00000	00	000	
38.					dvisor or instructor						
	for other	units or foreign	personnel			0000	0	00000	00	000	
39.			a military special			0000	\cap	00000	00000		
40.	Comma				e/unit			00000		000	
		,					•				
		ADDITIONAL		of d	omestic violence as defined in the						
'.	Lautenbe	erg amendment (ectic	on 658) ? (Refer to the vacancy				O Yes	O No	
2.		ederal Law Enfor	cement Training	Cer	Federal Law Enforcement Officer as iter (FLETC) and/or the Department				O Yes	O No	
3.	If yes m	ark the denartme	ent for which you	s arv	7 <u>0</u>						
	•	eartment of Justic	-	3C1 V	<u> </u>				O Yes	O No	
	•	artment of Treas							O Yes	O No	
	Oth								O Yes	O No	
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SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST COMPLETE THIS PORTION OF THE QUESTIONNAIRE IN ORDER TO BE CONSIDERED FOR FEDERAL AVIATION ADMINISTRATION EMPLOYMENT

NOTE: You must sign the application and darken the "Y" circle corresponding to the YES answer for each question below. If these four questions are not answered "YES," your application cannot be considered. Read the following carefully before you sign this application:

I understand that a false statement on any part of this application m	nav he grounds fo	or not hiring me	or for	
firing me after I begin work. I also understand that I may be punish	ed by fine or imp	risonment for		
falsification of my employment application. (18 USC 1001).		(⊃ Yes	○ No
 I understand that information I give may be investigated as allowed 	by law or			
Presidential order		(⊃ Yes	○ No
 I consent to the release of information concerning my background, al 	nility and fitness	for employment	t with	
the Federal Aviation Administration by employers, schools, law enfo	•	• •		
individuals and organizations to investigators, and personnel staffing	ງ specialists, and	other authorize	d	
employees of the Federal Aviation Administration.		(⊃ Yes	○ No
I certify that, to the best of my knowledge and belief, ALL of the inf	-			
application is true, accurate, and complete, and that this application			_	O NI-
application is true, accurate, and complete, and that this application Aviation Administration is made in good faith.			l ⊃Yes	○ No
			_	○ No
			_	
Aviation Administration is made in good faith.) Yes	
Aviation Administration is made in good faith.) Yes	
Aviation Administration is made in good faith	(Month)	(Day)	(Ye	ar)

Executive Order 9397 authorizes the solicitation of your Social Security Number (SSN) for use as an identifier in personnel records management, this creating proper identification of applicants throughout the selection and employment process. The information we collect by using your SSN will be used for employment purposes and also may be used for studies, statistics and computer matching to benefit payment files. Furnishing your SSN or any of the other information specified in the vacancy announcement is voluntary, However, failure to do so will prevent the processing of your application and will prevent consideration for employment.

Public burden reporting for collection of this information is estimated to be 60 minutes or less, including time for reading instructions and completing the required information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden to: Federal Aviation Administration, Office of Human Resource Management, 800 Independance Avenue, S.W., Washington, D.C., 20591.

Note: If you received the application form by fax and the four corner boxes are cut off at the top or bottom of any page, please contact the sending office to resend the fax or request a form by mail. Since the application form will be scanned, it may not be read properly if the boxes are not intact.

The nature of the information received is confidential and will be handled appropriately by authorized officials. This information becomes part of the Privacy Act System of Records as identified in 5CFR 552a, under OPM/GOVT-1 General Personnel Records. OMB 2120-05

	Social	Security N	umber
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RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Please use a standard #2 lead pencil or black pen to complete this form. Do not make or leave stray marks on the scannable form. Fill in the boxes with the requested information, or mark the appropriate box to indicate your response.

Firs	t Nai	me								_			
]		Social	Security	Number
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Lusi	Ivai]	8		000	0000
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The categories below provide descriptions of race and national origins. Read the Definition of Category descriptions and then

		•	gory with which you identify yourself. If you are of mixed race and/or national origin, select the sely identify yourself. Please mark only one circle.
Male	Nar Female	ne of Category	Definition of Category
0	0	American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
0	0	Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. For example, this area includes China, India, Japan, Korea, the Phillippine Islands, and Samoa.
0	0	Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.
0	\circ	Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.
0	0	White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North America, or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins

PRIVACY ACT STATEMENT

Solicitation of this information is authorized by section 2000e-16 of title 42, which requires that agency employment practices be free from discrimination and provide equal employment opportunities for all, and by the Uniform Guidelines on Emplooyee Selection Procedures (1978), 43 FR 38297 et seq. (August 25, 1978), which requires agencies to examine their employee selection procedures to identify any adverse impact those procedures have on women and minorities. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting." This information will be used to make statistical determinations under the Federal Equal Opportunity Recruitment Program (5 USC 7201) and affirmative action programs under section 717 of the title VII of the Civil Rights Act of 1964 as amended. The furnishing of these data is voluntary; however, collection of the information is essential to the design and maintenance of effective recruitment and preemployment processing programs which will provide the best possible employment opportunities to all candidates. You are requested to furnish your social security number (SSN) under the authority of Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnal records. Furnishing of the SSN is voluntary; however, failure to provide the SSN may result in inaccurate statistical records.

PUBLIC BURDEN INFORMATION

The public reporting burden for completing this form is estimated to vary from 1 to 3 minutes with an average of 2 minutes. This estimate includes time for reviewing instructions, gathering data needed, and completing and reviewing entries. Send comments about the burden estimate or any other aspect of this form, including suggestions for reduing this burden to: Federal Aviation Administration, Office of Personnel, APN-200, 800 Independence Ave. S.W., Washington D.C. 20591; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0040), Washington, D.C. 20503.